

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046059

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

818

Primary Registration District

1003

Registrar's No.

10898

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH NOV 22 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair

c. CITY OR TOWN Dupo

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DOA City Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
608 State Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
a JACK KENNETH SMITH

4. DATE OF DEATH Month Day Year
November 2, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

15 Aug 1930

9. AGE (last birthday)

33

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Route Salesman

10b. KIND OF BUSINESS OR INDUSTRY
American Soda Water Co.

11. BIRTHPLACE (City and state or country)
Chickamauga, Georgia

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Richard SMITH

13b. MOTHER'S MAIDEN NAME

Linda CRANE

14. NAME OF HUSBAND OR WIFE

Edith (Lumpkin) Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)
Yes World War II

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Edith Smith - Dupo, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured Skull; Subdural Hemorrhage; Lacerated Kidney with Hemorrhage; Comminuted

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Frac. of right Ilium; Shock, suffered when car operated by deceased was struck by truck operated by William Alfred Russell at the intersection of Caroline & Common Sts. on 11-2-63 at about 12:45 a.m. WHETHER HOMICIDAL OR ACCIDENTAL COULD NOT BE DETERMINED

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Open Verdict

See above

20c. TIME OF INJURY Hour Month, Day, Year
12:45 a.m. 11-2-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street 18

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from 1:05 to A. and last saw her alive on Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

11-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
2 Nov 1963

23c. NAME OF CEMETERY OR CREMATORY
Valhalla

23d. LOCATION (City, town, or county) (State)
Belleville, Illinois

24. FUNERAL DIRECTOR

ADDRESS

Harold A. Dashner - Dupo, Illinois

25. DATE RECD. BY LOCAL REG.

11-4-1963

26. REGISTRAR'S SIGNATURE

Edith Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 3 1963

Investigation of AOD

6516

000
8-87

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision?

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.